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Program Implementation for New Graduate Nurses to go from Moral Distress

to Moral Courage and Beyond

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November 2, 2020

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Acknowledgments

First and foremost, I give my sincere gratitude to my committee member, Dr. Elena Capella; you are always a shining light for me. Dr. KT Waxman and my co-advisor, Dr. Sarah Horton-Deutsch. Your patience, guidance, and support throughout this tumultuous year were ever present, and words cannot express how truly thankful I am for all that you have done for me. The level of compassion and enlightenment is truly unsurpassable. To the entire faculty and team at the University of San Francisco's Executive Leadership Doctor of Nursing Practice program, I thank you for your endless support. I want to give a special word of thanks to Dr. Dana Bjarnason, who helped me ignite a passion for building moral courage within our nursing profession.

I am extremely fortunate to have shared my experience with all the members of cohort 10. I am privileged and honored to have you as my colleagues, and you all have made me a stronger person. I am forever grateful for the ongoing friendships that have blossomed and ones that I will continue to nurture and cherish.

Words cannot express my gratitude and appreciation that I have for the love of my life, Jeff. You supported me every step of the way and helped my dream come true. You have always been my number one fan and never doubted me even when I doubted myself. I thank you for the countless hours of computer help, formatting, and all the tears you wiped away. Simply – thank you, love.

Finally, to my family and my ever-supportive estrogen posse, you make me laugh and truly thankful to be alive. I am blessed.

Abstract

Problem: Moral distress is a widespread issue across all nursing professions: from new graduate nurses to nurses with many years of experience. New graduate nurses are susceptible to moral distress and leaving the profession within the first year. Nationally, there has been a 27.7% turnover within the population of new graduate nurses with less than one year of experience (Nursing Solutions, Inc., 2019).

Context: This Doctor of Nursing Practice (DNP) quality improvement (QI) project consisted of implementing a program to help new graduate nurses build moral courage. The QI project encourages self-empowerment, moral courage, and resiliency among new resident nurses.

Intervention: This QI project of moral courage included implementing and developing this project into the existing nurse residency program to improve moral courage. Participants were presented with lectures, PowerPoint presentations, and videos on developing moral courage during residency cohort workshops. Only a small group (n=5) participated due to the current COVID-19 pandemic.

Measures: Data collected from demographics surveys and feedback surveys for pre- and post-intervention from project participants was collected. Further evaluation of this project was obtained post live discussion via a virtual format.

Results: Program evaluation of this QI project verified the need to include a moral courage and communication element to the existing nurse residency program. Participants expressed improved skills within inter-collegial communication post-program.

Conclusion: Moral distress is a worldwide issue with no immediate antidote. To help stave off this exodus of young professional nurses, developing the tools to nurture moral courage from an early stage within their career may be a factor in obtaining longevity within nursing.

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Section II: Introduction

Overview

The ongoing nursing shortage in the United States is a complex and wide-reaching problem that is concerning to acute care organizations. The U.S. Department of Health and Human Services (2013) indicates that there will be a shortage of over one million nurses by the year 2025. Compounding this problem is the percentage of new graduate nurses leaving the profession after only a short time. There has been a 27.7% turnover within the population of new graduate nurses with less than one year of experience (Nursing Solutions, Inc., 2019).

New graduate nurses are susceptible to feeling moral distress, as the skills for addressing and building communication skills among their professional colleagues may not be developed (LaSala & Bjarnason, 2010). The implementation of this project improves the ability to educate our new graduate nurses on the effects of moral distress and improve their abilities to cultivate moral courage. Disillusionment and lack of job satisfaction among nurses are important factors in the onset of moral distress. To help deflect the exodus of nurses suffering from moral distress from the profession, the training environment needs to focus on mental health and, more specifically, education on moral distress. Providing the tools to cultivate moral courage would allow nurses to last longer in their position.

This project gave participants, resident nurses the tools to encourage self-empowerment, moral courage, and resiliency among new resident nurses. Voluntary participants were acquired ($n=5$) and presented with a demographic survey. The data was collected through anonymous pre- and post-residency surveys and one-on-one interviews. Lecture and PowerPoint presentations on how to develop moral courage were given during the residency cohort

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workshops. Interactive case studies involving role play following participant, resident nurses, viewing of embedded videos to help demonstrate communication skills needed to improve collegial interaction. Emphasizing self-care and self-promotion during all aspects of interventions help the resident develop moral courage. Follow up with each resident offers an opportunity for reflection on the practice, which gives them the opportunity for growth as well as to check their progress in developing coping skills.

Problem Description

Nursing is becoming an increasingly complex profession within the hospital setting, due to increased patient load, sicker patients, and ever-changing technological advances that imply the need for increased competencies in skill and knowledge (Salmond & Echevarria, 2017). A nurse's duties comprise numerous elements in today's world. The profession requires one to stay up to date with all the technological advances that impact patient care, such as new medical devices, and to keep up with continued medical advancements while being able to chart the progress of their patients' care in a timely and efficient manner. Across the country, hospitals' financial reimbursements are increasingly based on patient satisfaction scores coupled with complex outcomes of various measures such as infection rates (Berkowitz, 2016). Along with caring for complex and high acuity patients, there is a renewed emphasis on caring for families, along with the patient (Berkowitz, 2016). It is no wonder that moral distress among nurses is a growing concern, which in turn may pose severe challenges for the future of nursing.

There has been extensive research conducted on the existence and ramifications of moral distress in the nursing population (Morley et al., 2017). However, little research has been pursued on what interventions can be prescribed to decrease the effects of moral distress in stressful professions such as nursing. Moral distress is a widespread issue across all levels of the

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nursing profession: from new graduate nurses to nurses with many years of experience.

Improvement on this issue will be possible if healthcare systems support the implementation of programs to encourage the development of moral courage and resiliency among our resident nurse population, along with the existing nurse workforce. Unfortunately, it is still common for a culture of bullying and lateral violence to exist when bringing new graduate nurses into an organization, which can compound the feeling of isolation and moral distress (Writers, 2020).

The advantage of implementing such a program among the resident nurse population is that they will be able to transfer the skills and tools they acquire in training to help improve their resilience throughout their tenure in nursing. With a turnover rate greater than 27% among nurses within their first year of practice and an overall rate of 17.2 % for existing bedside nurses, the nature of the problem is evident (Nursing Solutions, Inc., 2019). Moral distress can negatively impact the quality of the nursing services one can offer, along with one's ability to recruit into the Swedish Healthcare System successfully.

It is important to understand what moral distress to understand its effect on nursing tenure. Moral distress has been defined and redefined by numerous researchers over the years. Morley et al. (2017) described moral distress as being attributed to a combination of factors, including whether an individual experiences a moral conflict or event and the need for this conflict to precipitate the onset of a state of psychological distress in said person. If such a traumatic, disruptive event or moral conflict crops up in an individual's life owing to the nature of their profession, the cumulative effects of these moral conflicts can be profound. Multiple health concerns, physical problems, and psychological ailments are linked to moral distress, such as problems that arise with compassion fatigue, which in turn may be correlated with patient care errors and nurses choosing to leave the profession. These problems and many others often stem

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from a given nurse's inability to stay within the boundaries of their value system (Wocial & Weaver, 2012).

It is equally important to look at the cost implicated with nursing turnover. The healthcare industry is facing an increasing amount of financial challenges. Hospitals must take into consideration that there are increasing costs for nurse turnover. The current average is upwards of \$56,000, and on a rough average, a hospital can face a loss of \$4.9 million per year (Nursing Solutions, Inc., 2019). Of course, these numbers vary across the nation and dependent upon specialties and tenure. Combining the improvement of moral courage to increase resiliency and decrease turnover is sound financial planning.

Being fiscally prudent is a primary concern of healthcare institutions. The global pandemic of COVID-19 will have financial ramifications for years to come. According to the American Hospital Association (2020), there will be an estimated financial loss of greater than \$202.6 billion within American health systems and hospitals (AHA, 2020). These financial figures will have an impact all over the country. Thus, in order to add any type of process improvement program, one must provide accurate and fiscally prudent budgeting.

Available Knowledge

Even though there is no shortage of information on the effects of moral distress on the nursing profession, there lacks direction and program development of how to develop moral courage within our profession. Development of programs can help enhance the ability of nurses to demonstrate moral courage by enabling resident nurses to develop moral reasoning skills, allowing them to nurture and demonstrate personal ethics of caring, thereby developing cultural and professional competence (LaSala & Bjarnason, 2010).

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In order to understand the underlying factors that lead to moral distress and how the development of moral courage can benefit a new graduate nurse, the following PICOT was devised. The PICOT question is: Are new graduate nurses within the hospital setting (P) less likely to suffer moral distress and, in turn, build moral courage and resiliency if given the opportunity to do so through workshops and educational forums (I) early in their career (C), and would such provisions prevent or mitigate the physical and emotional toll of moral distress in nursing (O) over an 8 - 12-month period (T).

Review of Literature

A review of the literature was conducted to find out the impact of moral distress on new graduate nurses. The review consisted of qualitative meta-synthesis literature consisting of articles, research studies, and professional opinion. The methodology of choosing articles was for their content, pertinent data, and specific search terms. The utilized search terms included *moral distress, moral courage, new graduate nurses, nurse retention, communication, resiliency, interactive role-play, simulation, and moral courage surveys*. The search yielded over 50 articles, and 22 were chosen to tie in with and answer the original proposed PICOT question. Another review was conducted to look at what tools can benefit the new graduate nurses to transition from a state of moral distress to one of moral courage, and the impact this transition has had on their professional practice. Articles within CINAHL, PubMed, various textbooks, and evidence-based journal articles have explored this sub-topic, all of which were reviewed using the John Hopkins Evidence-Based Research Evidence Appraisal Tool to determine their rigorousness.

The transition into the professional workforce for new graduate nurses often carries with it many challenges. It is critical to give these new nurses the guidance and support they need to

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be successful. When entering the workforce, the resident often needs to develop his or her professional identity. Developing a robust professional identity has been linked to an increased level of job satisfaction among residents, along with an overall improvement of patient care (Johnson et al., 2012). When evaluating their nursing practice, nurses and professionals in the field need to consider a plethora of elements.

When new graduate nurses enter the nursing profession, they immediately work alongside healthcare providers with numerous years of experience. Having colleagues with more considerable amounts of experience share their vast knowledge can be an asset, but with this can come the experienced nurses sharing their levels of burnout or emotional fatigue in the profession too. Evidence that was retrieved from a national study and research articles have indicated that there is an increased level of emotional burnout among nurses today, and this has created a renewed interest in the subject of burnout and how a system can help the caregivers improve a person's coping skills and personal wellbeing (Ulrich & Grady, 2019). Moreover, new nurses within a healthcare organization often emulate what they see other, more experienced nurses. Seeing more experienced nurses not following the standard of care for patient safety, these new nurses are confronted with this way of practicing nursing, which they may enter in conflict with their own values and professional identity (Hunter & Cook, 2018). This tension precipitates the onset of moral distress and work-related inter-personal conflict.

Along with having the chance to hone their communication skills, new residents would benefit from being involved with unit-specific activities to improve their lives with a sense of belonging. These activities consist of unit-based education opportunities, ethical situation presentations, and workshops on how to promote self-care and mindfulness (Bong, 2019). Providing nurses with strong educational resources on ethics and ethical problem solving would

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likewise help build their communication and cognitive skills, which would enable residents to develop moral strength (Ulrich & Grady, 2019). Using these resources could, quite importantly, reinforce their confidence in their own values and sense of ethics. This would, in turn, make them more confident in advocating for the patient and for themselves in the professional context.

The profession of nursing and its multitude of disciplines force individuals to face ethical situations daily. Moral distress can occur when nurses are asked to be part of a situation or procedure that they deem ethically inappropriate (Beumer, 2008). The nurse may have the inability to act in a way they feel is ethical due to hospital policy, or there may be a lack of collaboration between colleagues (Beumer, 2008). Helping the new graduate nurse develop skills to build moral courage will aid in combating moral distress.

The Joint Commission, which is a not-for-profit organization, is responsible for accrediting and certification of healthcare organizations across the country. The Joint Commission completed a national engagement and satisfaction survey among registered nurses, finding that 15.6% of those surveyed expressed feelings of burnout (Gaines, 2019). The report goes on to state that 50% of nurses expressed the feeling of burnout within their current job, and further 41% of nurses expressed an explicit feeling of being “unengaged” (Gaines, 2019). There are findings that burnout is closely tied in with moral distress. One study’s results indicated there is a significant correlation between moral distress and the feeling of burnout (Fumis, Amarante, Nascimento, &Vieira, 2017).

The future of nursing within the state of Washington is correlated with population growth and the increasing demands of the chronically ill and elderly clientele (Skillman et al., 2011). In the state of Washington alone, there is a 12.3% turnover rate of full/part-time RN (Nursing

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Solutions, 2019). This is an area of concern and striving to find solutions will be closely addressed in this paper.

Programs may be implemented in existing systems to empower the new graduate workforce. Introducing training agendas into a system can help build moral courage, moral clarity, and self-confidence, all of which can help with difficult decision-making and guide the caregiver to a position of moral strength (Ulrich & Grady, 2019). Reinforcing communication skills is a beneficial practice that the new graduate nurses can incorporate into their profession. Every day caregivers are confronted with complex and challenging situations that require effective communication among nurses, and developing these skills takes practice and emotional strength (LaSala & Bjarnason, 2011).

Unit-based preceptors that are assigned to the new graduate nurses also play a critical role in precipitating a positive and successful transition from new graduate nurses to working professionals in their field. Preceptors have a unique opportunity to instill their skills and knowledge into the resident nurses whom they are in contact with. In order to fulfill their role effectively, preceptors ought to have patience, understanding, and strong communication skills in order to guide their new residents towards a position of independence. Along with the preceptor, the resident needs to have ongoing access to experienced nurses who are approachable and demonstrates a willingness to teach (Hunter & Cook, 2018).

The statistics regarding new graduate nurse turnover is staggering. There has been a 27.7% turnover within the population of new graduate nurses with less than one year of experience (Nursing Solutions, Inc., 2019). Moral distress experienced by the resident nurse appears to be a crucial factor underlying these statistics. A retrospective literature review demonstrated that when residents are not encouraged to experience group cohesion, self-

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empowerment, autonomy, and job satisfaction, moral distress can occur (Church et al., 2018).

Retention of staff and successful recruitment are all impacted by moral distress within a healthcare system (Pauly et al., 2012).

Summary of Evidence

Transitioning new graduate nurses into the professional setting is a complex endeavor that is a crucial factor in supporting succession planning within all healthcare settings. The current literature points to the importance of improving resident nurse's resilience, ability to identify moral distress, and understanding how to build moral courage. A summary of all relevant articles was performed to demonstrate the applicability to this QI project (see Appendix C).

Rationale

A theoretical and conceptual framework of moral courage may be made up of elements that stress the principles of integrity, fairness, compassion, and respect. This framework of moral courage will guide all aspects of the educational presentations for the resident nurses. This project focuses on the American Association of Colleges of Nursing (AACN) standards, the Swedish Professional Nursing Model, and strategies presented by Vicki Lachman (2010).

American Association of Colleges of Nursing Concepts

In 2004, the AACN's Ethics Workgroup created the "*4 A's to Rise Above Moral Distress: Ask, Act, Affirm, and Assess*"; a systematic process to support nurses as they attempt to identify and address moral distress (AACN, 2004). Nurses are encouraged to 'Ask' by becoming aware of the exact problem or amount of moral distress the nurse is feeling, 'Affirm' by validating the feelings of moral distress and then addressing the need, 'Assess' by becoming aware of the

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distress and its source and how to address it and finally to ‘Act’ by forming strategies to correct this distress and initiate the needed change (McCue, 2010). This formalized approach reduced the amount of moral distress that the participant nurses feel within their environment.

The AACN is also instrumental in the development of resident nursing programs to support nurses in the transition into their professional practice, which consists of encouraging the development of leadership skills, professional development along with the ability to grow into leadership roles (AACN, 2019). It is vital for organizations to address moral distress in order to improve the nurse’s mental wellbeing. When nurses have a positive professional life, this, in turn, attributes positive patient outcomes, and as nurse leaders are in the position to not only address but institute changes to resolve issues dealing with moral distress (McCue, 2010).

Swedish Professional Nursing Model

The Swedish Professional Nursing Model is the basis of nursing care within the Swedish Medical Center. The model is in alignment with the mission, values, and vision of the organization. The Swedish Professional Nursing Model consists of four components that are embedded in our nursing values within the resident program. These are healing environment, quality and safety, evidence-based practice, and professional development (Swedish Nursing Model, 2020). Incorporating these components into the resident program will offer them a strong foundation to start their professional nursing careers. The development of a moral courage QI project aligns with all four elements of the Professional Nursing Model (see Appendix O).

Lachman Strategies

Nurses that can speak up and point out areas that are unethical, unlawful and practices that may not be in the best interest of the patient demonstrate moral courage (Lachman, 2010).

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Lachman (2010) developed a model using an acronym, CODE, in order to make it easy for nurses to remember the components that can help guide them to moral courage. The CODE model for moral courage helps nurses respond to compromising situations that put their integrity at risk, and this acronym consists of C-courage, O-obligation, D-danger management, and E-expression and action (Lachman, 2010). Lachman (2010) states that due to the nature of healthcare and the continual use of interdisciplinary practices, the conflict will inevitably arise between colleagues. Learning how to deal with these conflicts and stressful situations is where the nurse can apply the tools to promote moral courage through keen awareness and communication.

Specific Aims

The AIM statement for this quality improvement (QI) project is to incorporate moral courage into an existing nurse residency program within the Swedish Medical Center in Seattle, WA, in order to increase nurse retention rates and overall nurse satisfaction. The specific goal of this program was to decrease nurse turnover rates and improve nurse satisfaction by 3 and 5%, respectively, by the expected or projected completion date for the project in December 2020. The overall goal was to demonstrate the effectiveness of this project through the substantial improvement of new graduate nurse retention rates. Implementation of this QI project was achieved, and assisted new graduate nurses, along with experienced nurses, to build moral courage and resilience. However, this program endured unforeseen complications and was implemented in June 2020 within the nurse residency cohort. Due to program restrictions that were in place because of COVID-19, the percentages of improvement in nurse retention could not be measured.

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Section III. Methods

Organizational Context

The nurse residency and fellowship program at the Swedish Medical Center has approximately 375 - 475 nurses that are hired into its residency program each year. The program is broken down into three cohorts throughout the year. The average length of the program ranges from 12 - 24 weeks, depending on the specialty. The residents are hired for positions on all campuses, which consist of the First Hill Campus, Issaquah Campus, Edmonds Campus, Cherry Hill Campus, and Ballard Campus.

Throughout the residency, there are integrated classroom experiences, as well as clinical experiences, to help build the residents' professional experiences. During early 2020, the residency program was adapted into a virtual format to accommodate the COVID-19 contact restrictions. Each resident received the support of Professional Development Specialists (PDS) along with clinical educators, and their own unit-specific preceptors. The residents are involved in simulated clinical experiences with high fidelity mannequins. Within the virtual format, the residents joined a virtual classroom, and each resident followed the same guidelines for the simulation format. A segment of pre-learning was performed in which resident with participation was expected. Then a previously recorded simulation of the education material was viewed, followed by a debrief session with learners. This simulation experience ensured a safe and diverse learning environment. The segment for building moral courage skills, along with communication improvement, was built into this existing format. All the stakeholders felt that adding moral courage to this already robust program would only benefit all involved. The stakeholders included the director of educational services, the program managers, the simulation team, PDS's, clinical educators, and clinical management.

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Intervention

This quality improvement project consisting of moral distress training was directly incorporated into our existing new graduate nurse residency program. The goal was to increase resident nurse retention, along with job satisfaction. The various teams, such as the coordinating residency managers, clinical educators, professional development specialists, and our simulation technicians, were all involved in this effort.

The project was all set to begin in January of 2020, but unfortunately, there were two events of 2020 that delayed the implementation of the QI project. In January of 2020, the Swedish Medical Center went through its first nursing strike on record. Being that Swedish Medical Center was formed and open to the public in 1910, this was uncharted territory for all involved. When a nursing strike occurs, ongoing job dissatisfaction, burnout, and emotional turmoil may ensue, no matter the length or outcome of the strike (McHugh et al., 2011). This dissatisfaction can be transmitted to the new resident nurses entering the field, therefore leading to moral distress. Theoretically, this would have been a more than perfect timing for the QI project to be implemented. However, due to strained resources, the project was put on hold until the next cohort, which was to begin in early March of 2020.

While the Swedish Medical Center was in recovery from the nursing strike, Snohomish County, Washington, became the recipient of the first documented COVID-19 victim in the United States. Due to the large amount of documented COVID-19 in other areas of the world, there was a need for a full spectrum study of this current disease, pathogenesis, capabilities of viral shedding, and risks to the general public (Holshue et al., 2020). We can now look back and realize that this was the start of a global pandemic affecting every country in the world.

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The global pandemic, combined with the nursing strike, decreased the resources for additions to any non-essential programs. In March 2020, the resident cohort went on as scheduled with the COVID-19 related changes, including the inability for the QI project to begin. Every aspect of the cohort was converted to a virtual format to follow the strictly enforced physical distancing.

Considering the complicated situations of this current year, succession planning is of vital importance. Improving retention rates among the new resident nurses is a driving factor for this QI project. From 2011 through 2015, there was an average turnover rate of 2% among new resident nurses within the RN residency program within the Swedish Medical Center (Jones et al., 2017). Since this time, there has been an increasing amount of turnover, even though it is far less than the national average stated earlier. According to the RN residency program within the Swedish Medical Center (2020), there has been a 7% Turnover rate of the 484 RN residents hired between March 2019 and March 2020.

When this QI project began, in July of 2020, it consisted of eleven ($n=11$) volunteering participants. Only five participants ($n=5$) completed the project. All participants received a letter with project guidelines and full disclosure of involvement requirements. The main components of this QI project began with a demographic survey. Then the volunteers were scheduled to observe and participate within a virtual classroom (see Appendix K). This activity involved active discussion, viewing case scenario videos, and then role-play communication practice followed up with a debrief discussion. A follow-up moral courage survey was sent out approximately four weeks following the virtual class (see Appendix L). Presenting this program virtually offered a unique and flexible learning experience for all involved.

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This program included the participation of two RN's from the simulation center within the residency program. These two RN's were the focal point within the video process and demonstrated various communication methods for the participants to observe. A simulation technician was also available to advise on how to transfer material from an in-person presentation to a virtual format with embedded videos. This was all performed within the excepted format of Microsoft Teams.

The project administrator also was asked to present an informative poster to the Providence St. Joseph Nursing Summit, which was also presented within a virtual format due to personal distancing requirements (see Appendix P). According to the American Organization for Nursing Leadership (AONL), one of the guiding principles is the development and maintenance of healthy work environments in order to help develop strong early careerists by promoting professional development and resiliency (AONL, 2020). Presenting a poster on how to develop moral courage helped to educate and contribute to the future of nursing by guiding our new resident nurse population.

Gap analysis.

Within the existing nurse residency program, there is a gap between teaching complex nursing skills and being able to convey the importance of moral courage. The intention to close the gap inspired the combination of teaching complex skills, with the support platform encouraging effective communication. This project demonstrated that the added elements to the program contributed to building our nurse resident's communication skills, along with offering the opportunity to practice these new skills in a safe and non-judgmental environment.

Solidarity fostered through the tight-knit community of nurses participating in the program

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increases the chances that the residents will feel confident and supported enough to address difficult situations in their workplace (see Appendix D).

Project Timeline/Gantt Chart

A timeline is laid out within a Gantt chart for this project. The Gantt chart was put together as a color-coded tool that enables the viewer to look at the project and decipher the beginning, middle, and end dates expected for each specific part. Having a Gantt chart in place allowed users to allocate these timelines onto their business calendars, thus allowing for a timeline of needs and expectations to be drafted (Martinelli & Milosevic, 2016). A Gantt chart reflects the timing of elements and thus allows for a work breakdown structure, tracing the phases and specific requirements of the project. The Gantt chart began by laying out the first steps that were taken to initiate the project in its planning stages in the summer of 2019 and would follow the timeline tracing the development of the project through to its completion in December 2020.

The timeline laid out within the Gantt chart points out specific meetings with the residency program director along with a timeline revealing the initial implementation of this project for the December 2019 residency cohort. Dates for presentations are listed along with the expectations of the Executive Leadership Doctor of Nursing Practice (ELDNP), which were project specific. Another critical element within the Gantt chart is the featuring of the implementation of this QI project in July of 2020. After data collection was completed, the outcome of the project was delivered to the stakeholders in the Residency Program at the Swedish Medical Center. This project will be presented to the chair and co-chair of this project in December of 2020 (see Appendix E).

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Work Breakdown Structure

The work breakdown structure (WBS) is a hierarchical guide that helps break down complex areas of the project into more manageable segments. This project's WBS is closely related to the Gantt chart and includes proposed dates. The WBS helps to monitor the project's progression and developments (see Appendix F).

The WBS addresses and defines critical factors within the project, namely, the assessment phase, planning stage, implementation stage, evaluation phase, and the project completion phase. Within these phases, the main deliverables will be specified along with the sub-deliverables. This helps maintain a successful timeline for the project and enables the stakeholders and project leader to keep apprised of the work.

Communication Matrix

As one of the stakeholders, the author is responsible for all communication activities. The author worked alongside stakeholders to align the implementation of this project in a timely and equitable fashion. Communication and in-person meetings are completed to keep everyone on the same page. The stakeholders of this project are this author, manager of the resident program, simulation team, resident nurses, staff nurses, and medical directors. These stakeholders were informed of all project developments and of significant delays. Upon completion, all stakeholders were informed of the QI impact and the significance of future cohorts (see Appendix G).

SWOT Analysis

A strength, weaknesses, opportunities, and threats (SWOT) analysis was performed for this QI project to identify the strong and weak aspects of the organization and environment (see Appendix H).

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The organizational strengths of this project comprise the benefits it will bring to the organization by achieving its goal, which is increasing nurse retention and satisfaction levels. Swedish has been able to develop a successful new nurse resident program which has brought in hundreds of new graduates within a safe and supportive environment (Jones, 2017). Another strength of this internal process improvement project is that it can easily be implemented into the existing residency program, and this includes the ease of transforming this QI project to a virtual format. This project is low in costs relative to the cost of nurse turnover, increased sick time, and increased illness among staff, which can be attributed to moral distress among nurses.

An identified organizational weakness of this project is that it relies on volunteers within the residency program. Being a new nurse is stressful, and the resident may feel volunteering for this project may be creating a burden rather than an opportunity for growth, both professionally and personally. An assumed weakness within our organization is the ability to continue funding for staff to support this process improvement project due to financial restrictions due to unforeseen circumstances, which included a nursing strike and the impacts of COVID-19.

Threats to this project implementation is that outside organizations have greater capital resources therefore the ability to offer increased incentives to draw new graduate nurse to their programs. Since other organizations, in the greater Seattle area, have hospital locations in several states a resident nurse may find this to be a greater opportunity as to have multiple state choices for their employment and family needs. Choosing a larger organization may fit their needs and offer greater growth potential.

Financial Analysis and Return on Investment Plan

With the implementation of a program into an organization, the return of investment (ROI) must be looked at to determine if the program will have financial feasibility and longevity.

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This implemented program helps develop and promote moral courage and resiliency with the goal of increased retention. It is more important than ever to look at succession planning for incoming resident nurses. Financially, hiring new graduate nurses helps the organization budgetary restrictions.

After looking at the initial cost for program implementation, the resident nurses' salaries are a factor within this consideration. New resident nurses start at an hourly wage of \$32.31, and a registered nurse who has been in practice for five years earns an hourly salary of \$39.20 (SEIU 1199NW, 2018). Even though there are significant costs involved with a resident nurse program, this QI project was low in price. Even though minimal participants ($n = 5$) took place, and the completion timeline needed adjustment with increased retention, substantial savings in hiring new graduate nurses will be evident.

Budget

Initially, this QI project was intended to be implemented in January of 2020 and include 65 volunteer new resident nurses. Even though these QI project members were considered volunteers, they would still receive their current hourly wage. Due to unforeseen circumstances of our nursing strike and COVID-19, this project covered a period of three months, July 2020 through September 2020, and consisted of five ($n=5$) resident participants, who were not compensated for their participation other than incentive gifts. The project administrator was able to secure funding for two RN's and a simulation technician to assist with the compilation of teaching. This part of the project was done in January 2020. The simulation technician was also able to direct and instigate, transforming the in-person interactive role-play to a virtual setting. All other incurred costs, such as participation enticement, were the responsibility of the DNP project administrator. The funding for the RN's that are present within the videos and the

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simulation technician are included within the project budget. This administrator also used personal time to construct a pre-project survey and post-project survey and collection of data (see Appendix I).

Cost Avoidance Analysis

As noted above, there are substantial costs involved when dealing with turnover of new graduate nurses. Even though our current residency program is strong, it is missing the education component of building moral courage. Adding this element into the existing program is cost-effective as the program is already up and running and adding to this program will aid in retention and decrease organizational costs. The cost of this program is \$1,110.90, if you can retain or not turnover one nurse that = \$12,140.96 so for that reason, this program is cost-effective. Of significance is the financial strain of filling needed patient care shifts with nurses receiving 1.5 times their normal hourly wage versus these shifts being filled with resident nurses which is \$32.31 per shift (see Appendix J).

Training new graduate nurses is no small undertaking because considerable costs are involved, such as the use of simulation equipment, differential pay for preceptors, orientation time, and specialized educator costs. However, even taking those factors into consideration, the cost avoidance regarding experienced, tenured nurses can reach into the millions per year (Jones et al., 2017). Being fiscally prudent, along with proper on-boarding of our new resident nurses, will strengthen our healthcare organizations. It is a known fact that new resident nurses have substantially lower wages than compared to a 5-year veteran, thus making this endeavor financially prudent (see Appendix J).

Study of the Interventions

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While this QI project is aimed at improving retention rates by building skills around moral courage, an extensive review was limited due to time restrictions. At the beginning of the QI project, participants completed a demographic survey, which indicated that 33% of the participants had not heard about moral distress during nursing school training, and 56% had not heard about moral courage at all. In the beginning, there were 11 participants, and only five of these participants completed the entire program. These results obtained indicate that a descriptive presentation would be useful to demonstrate the need for moral courage in the face of moral distress.

An important element of this study was the implementation of the project into the existing resident/fellowship program. There is proof that having a nurse residency program in place within an organization help improve the ability to retain new graduate nurses (Ackerson & Stiles, 2018). The existing resident program, within the Swedish system, is a proven success and the moral courage program element offers an element of depth and pertinence for today's practicing resident nurse. After completion with the first group of participants, adjustments were made to the format, and the amount of material presented in the videos increased in order to clarify how to conduct difficult conversations. Determining the impact on the residents will be a crucial component for the first year of this project.

Analysis

The driving force of this project was the gap in the existing residency program regarding education on moral distress awareness and techniques that can be utilized to strengthen moral courage, communication skills, self-awareness, all in part to improve overall satisfaction within the profession. Swedish Medical Center has a strong and successfully proven nurse residency program that is always expanding to meet the needs of the residents. Adding an element to

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incorporate moral courage development will only strengthen the structure of this program. The increasing complexities of nursing stresses the importance to emotionally and physically strengthen our new nurses.

A limitation was defined as the lack of participants for this project. Due to situational delays, the QI project was conducted by obtaining volunteers from the resident cohort, which began in July 2020. These residents were asked to complete a demographic survey that was initiated through Microsoft Forms. Microsoft Forms was also used to tally the initial survey and then with the two planned follow up surveys. Numerical data were analyzed through Microsoft Forms/Excel. The interactive case studies were analyzed through participant feedback and surveys, and the data derived from interviews was analyzed and recorded.

Ethical Considerations

This project is a quality improvement project and, therefore, it has been excluded from the investigation review board (IRB) oversight committee (see Appendix A). This project proved to improve psychological wellbeing by empowering the new graduate nurses through the development of tools to help them overcome adversities within the profession. Participants were involved on a voluntary basis. It was stressed to the volunteers that all surveys that the volunteers were asked to complete were anonymous. This is an important factor as it allows for more honest feedback, and it enables awareness of areas within the program that need to be changed. Creating a setting that fosters psychological safety is important and allowing the surveys to be anonymous and stressing the fact that there will be no repercussions from these surveys aided in the safety and security element.

In accordance with the Jesuit value of *Cura peronalis* (Ctzejanda, 2019)—as defined as care of the whole being, was utilized to lead the project with purpose and direction. The

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University of San Francisco and the American Nurses Association Ethical Standards were incorporated into this project with the sole intention of helping them to create empowerment strategies to help build a stronger future for the career of these new nurse graduates. Taking into consideration the core values for the University of San Francisco, inspiring the future by offering a diverse and complex array of opportunities is how this project was designed.

Within provision five of the American Nurses Association Ethical Standards, 5.6 states that nurses are required to look at the whole person as an entity, and this includes themselves. Developing the skills required to be successful in nursing helps develop professional growth strategies along with personal growth, thus helping with the nurse's complete wellbeing (Fowler, 2018). Building moral courage and resiliency helps strengthen nurses, thus laying the groundwork for improved nurse satisfaction, which correlates to improved care. There is research to prove that increased nurse satisfaction improves the quality of care, therefore creating improved patient outcomes (Walker, 2018).

Section IV: Results

Results

The outcomes of this initial moral courage project indicated that collaborating with the existing residency program was viable. The initial information that was obtained from the first demographic survey indicated the need to confront moral distress and how to build moral courage. Results of the initial survey demonstrated that 33% of the participants (n=9) had never even heard of moral distress. Moreover, 56% of the participants (n=9) had never heard of moral courage within their nursing school programs. Within this project, 77% of the participants (n=9) were working as registered nurses for less than one year. The level of existing moral distress in

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the nursing community and the lack of skills to diagnose it and cope with it amplifies the need for awareness.

Results from the follow-up survey also indicated the need to address moral distress and how to move forward. There was 80% of participants (n=5) who felt frustrated and angry at the care that was prescribed by a provider. 80% of participants (n=5) reported that they dread going to work at times due to the inability to change the care given to their patients.

Post-program involvement, the participants felt that they had an increased ability to face and resolve moral distress when situations arise. 40% (n=2) of them felt strongly that the project allowed them to improve their practice going forward. Furthermore, 60% (n=3) agreed that the presentations on moral courage would improve their ongoing practice. Even though the previously indicated setbacks decreased the overall involvement, valuable information was obtained for future implementation.

Section V: Discussion

Summary

The aim of this QI project was to add an element of moral courage development to the existing residency program. As stated throughout the paper, unforeseen situations prevented us from adhering to the entire timeline. Even though the actual timeline was concentrated, valuable information was obtained that verified the need for a moral courage element to be included within the nurse residency program.

The unforeseen situations that arose shed light on a growing sense of moral distress among resident RN's and the need to develop moral courage and resilience. Even though the participants were low in number, the strength of this project indicated the need for inclusion of

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the development towards moral courage and improved communication skills to improve retention of new graduate nurses.

Interpretation

The implementation of this project shows that including a moral courage element in the nurse residency program holds promise, particularly in today's healthcare workplace. Due to increased stressors such as the nursing strike and the evolution of a global pandemic, nurses are being pushed to the limit physically and emotionally. The vast amount of literature indicates the presence of moral distress, and this implemented program addresses how to identify moral distress as well as how to build tools to foster moral courage. It is important that organizations within healthcare support moral courage development in order to empower nurses and improve a just culture (LaSala & Bjarnson, 2010). Investment in our resident nurse program development will be an important element of succession planning.

Limitations

One limitation of this project was recruiting an adequate number of volunteer participants during the pandemic and system-wide nursing strike. Due to the pandemic, the entire program was converted to a virtual setting, which inhibited the benefits of having an in-person interactive role-play component. Even with having to avert in-person activities, the feedback from the activities proved the virtual, interactive discussion regarding the viewed videos to be very valuable.

Another obvious limitation is that the surveys were based on face validity. Face validity allowed the survey to measure what it claims to measure, but one of the limitations is the small number of participants. Having a small sample size affects the reliability and may lead to bias.

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A major component of adding interactive case studies is to allow the program participants to improve their professional interaction skills through witnessing examples of respectable and professional communication within a role-play situation. The participants witnessed examples of unsuitable or even hostile interactions and learned methods to avoid these pitfalls.

A limitation that was present was the need to change the format from in-person interactive case scenarios via role play to the virtual setting. When role play scenarios are performed in-person, the participants can build self-confidence and use various approaches for real life situations. Having the format within a virtual setting discounts the ability for practice within large group settings and offers the participant to possibly have a sense of security by having a computer screen in front of them.

An inherent limitation is that all participants may not have the technology, such as video or microphone applications, included in their personal computers. Verbal and visual contact is an important aspect of receiving feedback or the need to adjust presented material in a “real-time” presentation. Since technology is playing such an important role in today’s world, this will be less of a barrier in months to come.

Conclusions

Being proactive and promoting a robust and sustainable residency program will help address the need to incorporate new graduate nurses into our healthcare system. Offering a program that supports multidisciplinary nursing skills along with the ability to build moral courage and resiliency through improved communication and interactive role scenarios, will be a draw to the Swedish Medical Center. Succession planning for having a desirable and budget-friendly program will be an important element for future new graduate residency cohorts.

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The formation and implementation of this project to enable the new graduate nursing population to develop moral courage were presented to a much smaller population than originally planned. It is well documented that the improvement of moral courage can help skillfully mold the professional life of the new resident nurse. This project will be able to stand on its own after the first year, and hopefully, the feedback will prompt the Residency Program Manager to insist on its implementation for all future cohorts.

Being able to recognize moral distress and being able to develop moral courage is an important factor for all new resident nurses, along with the more experienced nurses. Being able to build moral courage and freeing an individual from conflicted feelings have had positive overall effects on the participants. The QI participants expressed a greater ability to deal with negative feelings due to moral distress within the nursing profession. With the nursing shortage threatening to be impactful, retaining our new graduate nurses is a goal within our organization.

Section VI Other Information

Funding

All participants of this QI project were volunteers. All extraneous costs, such as gift incentives, were covered by the doctoral candidate. All other necessary funding was made possible by the Clinical Education Program (CEP), and for a specific breakdown, please see the budget within the appendices.

SECTION V: REFERENCES

References

- Ackerson, K., and Stiles K., (2018). "Value of Nurse Residency Programs in Retaining New Graduate Nurses and Their Potential Effect on the Nursing Shortage." *The Journal of Continuing Education in Nursing*, vol. 49, no. 6, 2018, pp. 282–288.
doi:10.3928/00220124-20180517-09.
- American Association of Colleges of Nursing (AACN) from AACN Ethics Work Group.
(2004). *The 4 A's to Rise above moral distress*. Aliso Viejo, CA: AACN.
- AONL Guiding Principles. (2020). Retrieved September 7, 2020 from
<https://www.aonl.org/sites/default/files/aone/creating-value-and-meaning-for-the-next-generation-of-early-careerist.pdf>
- Berkowitz, B. (2016). The patient experience and patient satisfaction: Measurement of a complex dynamic. *Online Journal of Issues in Nursing*, 21(1), 12.
doi:10.3912/OJIN.Vol21No01Man01
- Beumer, C. M. (2008). Innovative solutions: The effect of a workshop on reducing the experience of moral distress in an intensive care unit setting. *Dimensions of Critical Care Nursing*, 27(6), 263-267. doi: 10.1097/01.DCC.0000338871.77658
- Bong, H. E. (2019). Understanding moral distress: How to decrease turnover rates of new graduate pediatric nurses. *Pediatric Nursing*, 45(3), 109-114. Retrieved
from <http://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=ccm&AN>

MORAL COURAGE AND BEYOND

- Church, C. D., He, Z., & Yarbrough, S. (2018). Factors influencing organizational commitment and turnover in nurse residents. *Journal of Continuing Education in Nursing*, 49(10), 482-488. doi:10.3928/00220124-20180918-09=137059027&site=ehost-live&scope=site&custid=s3818721
- Ctzejanda. "Cura Personalis." *University of San Francisco*, 3 June 2019, www.usfca.edu/about-usf/who-we-are/our-values/cura-personalis.
- Eckerson, C. M. (2018). The impact of nurse residency programs in the United States on improving retention and satisfaction of new nurse hires: An evidence-based literature review. *Nurse Education Today*, 71, 84-90. doi: 10.1016/j.nedt.2018.09.003
- Dang, D., & Dearholt, S. L. (2018). *John Hopkins evidence-based practice: Model and guidelines* (3rd ed.). Indianapolis, IN: Sigma Theta Tau International Honor Society of Nursing.
- Fowler, M. D. M. (2015). *Guide to the code of ethics with interpretive statements: development, interpretation, and application*. Silver Spring, MD: American Nurses Association.
- Fumis, R., Junqueira Amarante, G. A., de Fátima Nascimento, A., & Vieira Junior, J. M. (2017). Moral distress and its contribution to the development of burnout syndrome among critical care providers. *Annals of intensive care*, 7(1), 71. doi:10.1186/s13613-017-0293-
- Gaines, K. (2019). Developing resilience to combat nurse burnout. Retrieved October 25, 2019, from https://www.jointcommission.org/assets/1/23/Quick_Safety_Nurse_resilience_FINAL_7_19_19.pdf.
- Holshue, M. L., DeBolt, C., Lindquist, S., Lofy, K. H., Wiesman, J., Bruce, H., . . . Pillai, S. K. (2020). First case of 2019 novel coronavirus in the united states. *N Engl J Med*, 382(10), 929-936. doi:10.1056/NEJMoa2001191

MORAL COURAGE AND BEYOND

“Hospitals and Health Systems Face Unprecedented Financial Pressures Due to COVID-19:

AHA.” *American Hospital Association*, [www.aha.org/guidesreports/2020-05-05-](http://www.aha.org/guidesreports/2020-05-05-hospitals-And-health-systems-face-unprecedented-financial-pressures-due)

[hospitals- And-health-systems-face-unprecedented-financial-pressures-due](http://www.aha.org/guidesreports/2020-05-05-hospitals-And-health-systems-face-unprecedented-financial-pressures-due).

Hunter, K., & Cook, C., (2018). Role-modeling and the hidden curriculum: New graduate nurses’ professional socialization. *Journal of Clinical Nursing*, 27, 3157-3170.

doi: 10.1111/jocn.14510

Johnson, M., Cowin, L. S., Wilson, I., & Young, H. (2012). Professional identity and nursing:

Contemporary theoretical developments and future research challenges. *International Nursing Review*, 59(4), 562-569. <https://doi.org/10.1111/j.1466-7657.2012.01013.x>

Jones, S. (2017). Succession planning: Creating A case for hiring new graduates. *Nursing*

Economic, 35(2), 64-87. Retrieved

from <http://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=ccm&AN=122315785&site=ehost-live&scope=site&custid=s3818721>

Lachman, V.D., (2010). "Strategies Necessary for Moral Courage" *OJIN: The Online*

Journal of Issues in Nursing, 15(3), 3.

LaSala, C. A. & Bjarnason, D. (2010). Creating workplace environments that support moral

courage. *Online Journal of Issues in Nursing*, 15(3), 1.

doi:10.3912/OJIN.Vol15No03Man04

Martinelli, R. J., & Milosevic, D. Z. (2016). *Project management toolbox* (Second edition ed.).

Hoboken, New Jersey: Wiley.

MORAL COURAGE AND BEYOND

McCue, C. (November 9, 2010) "Using the AACN Framework to Alleviate Moral Distress" *OJIN: The Online Journal of Issues in Nursing* Vol. 16 No.

1. doi: 10.3912/OJIN.Vol16No01PPT02

McHugh, Matthew D., et al. "Nurses' Widespread Job Dissatisfaction, Burnout, And Frustration With Health Benefits Signal Problems for Patient Care." *Health Affairs*, 1 Feb. 2011, www.healthaffairs.org/doi/10.1377/hlthaff.2010.0100.

Morley, G., Ives, J., Bradbury-Jones, C. & Irvine, F. (2017). What is 'moral distress'?

Narrative synthesis of the literature. *Nursing Ethics* doi.org/10.1177/0969733017724354

Neiman, P. (2011). Nursing strikes: An ethical perspective on the US healthcare community. *Nursing Ethics*, 18(4), 596–605. <https://doi.org/10.1177/0969733011408050>

Nursing Solutions, Inc. (2019). *2019 national healthcare retention & RN staffing report*.

Retrieved from <http://avanthealthcare.com>

[/pdf/NationalhealthcareRNretentionreport2016.pdf](#)

Pauly, B., Varcoe, C., & Storch, J. (2012). Framing the issues: Moral distress in health

care. *HEC Forum*, 24(1), 1-11. Retrieved from <http://search.ebscohost.com>

[/login.aspx?direct=true&AuthType=sso&db=ccm&AN=104566361&site=ehost-live&scope=site&custid=s3818721](#)

Salmond, S. W., & Echevarria, M. (2017). Healthcare transformation and changing roles for nursing. *Orthopaedic Nursing*, 36(1), 12-27. doi:10.1097/NOR.0000000000000308

"Home." *SEIU Healthcare 1199NW*, www.seiu1199nw.org/.

MORAL COURAGE AND BEYOND

- Skillman, S., Andrilla, C., Tieman, L., & McCook, A. (2011). Washington State Registered Nurse Supply and Demand Projections: 2011-2031. Retrieved from https://depts.washington.edu/uwrhc/uploads/CHWS_FR134_Skillman.pdf
- Swedish Professional Nursing Model. (n.d.). Retrieved September 4, 2020, from <http://swedishonline.swedish.org/Nurses/Pages/ProfessionalNursingModel.aspx>
- Swedish Medical Center, RN residency Program. (2020).
- Ulrich, C.M., & Grady, C. (2019). Moral distress and moral strength among clinicians in health care systems: A call for research. *NAM Perspectives*. doi: 10.31478/201909c
- U.S. Department of Health and Human Services Health Resources and Services Administration, Bureau of Health Professions National Center for Health Workforce Analysis, (2013). *The U.S nursing workforce: Trends in supply and education*. Rockville, MD; Author
- Wocial, L. & Weaver, M. (2012). Development and psychometric testing of a new tool for detecting moral distress: The moral distress thermometer. *Journal of Advanced Nursing*, 167-174. doi:10.1111/j.1365-2648.2012.06036.x
- Writers, R. (2020). Why New Nurses are Leaving the Profession. Retrieved September 25, 2020, from <https://www.registerednursing.org/why-new-nurses-leaving-profession/>
- Walker, A., (2018) "Nursing Satisfaction Impacts Patient Outcomes, Mortality." *Nurse.org*, 2 Mar. 2018, nurse.org/articles/nursing-satisfaction-patient-results/.

SECTION VI: Appendices**Appendix A****DNP Statement of Non-Research Determination Form****Student Name: Melinda Furrer**

Title of Project:

Moral distress to moral courage, the path to professional resiliency.

Brief Description of Project:

This project will help the resident nurse identify factors that lead to moral distress. The resident will be given tools to help improve their coping skills to build moral courage with resiliency to improve their physical and emotional wellbeing leading to an increased retention rate and job satisfaction score.

A) Aim Statement:

By November 2020, Swedish Medical Center will implement a program to help new graduate nurses gain coping skills, reduce moral distress, and apply tools to build moral courage and resiliency. After implementation, the job retention rate will increase by 10 percent and job satisfaction rate will increase by 10-15 percent. These resident nurses will be able to take steps to improve physical and emotional resiliency within their profession to increase retention and job satisfaction.

B) Description of Intervention:

The participating nurses will attend a short series of lectures given throughout their residency cohort meetings, which are pre-planned. This time period will vary due to the type of residency track and specialty involved. Participating resident nurses will be given a survey pre and post full residency.

C) How will this intervention change practice?

Increase moral courage and resiliency and in turn will improve nurse retention, job satisfaction, and decrease emotional and physical ramifications.

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<p>D) Outcome measurements:</p> <p>Data will be analyzed to measure job retention and perception of job satisfaction and coping skills. This project will be sustained for future cohorts.</p>

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used:
(<http://answers.hhs.gov/ohrp/categories/1569>)

- ☐ This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.
- ☐ This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title:	YES	NO
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	X	
The specific aim is to improve performance on a specific service or program and is a part of usual care . ALL participants will receive standard of care.	X	
The project is NOT designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does NOT follow a protocol that overrides clinical decision-making.	X	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does NOT develop paradigms or untested methods or new untested standards.	X	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does NOT seek to test an intervention that is beyond current science and experience.	X	

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The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	X	
The project has NO funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	X	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., not a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	X	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: <i>"This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."</i>	X	

ANSWER KEY: If the answer to **ALL** these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print):

Melinda Furrer

Signature of Student:

Melinda Furrer

DATE 08/04/2019

SUPERVISING FACULTY MEMBER (CHAIR) NAME (Please print):

Signature of Supervising Faculty Member (Chair):

DATE

Appendix B**Letter of Support from Swedish Medical Center**

September 25, 2019

To Whom It May Concern:

I am writing on behalf of Melinda Furrer in support of her project “Moral Distress to Moral Courage and Beyond.” Melinda is a Professional Development Specialist at Swedish Medical Center, who supports residents and nursing development for our caregivers. As the Regional Director of Clinical Education and Practice, I supervise Melinda in her current role. When she approached me about the opportunity to complete her DNP project here at Swedish, I was honored and excited. Her proposed work regarding moral distress and moral courage, is mission critical for improving current challenges experienced by caregivers. I look forward to supporting her in this work.

Sincerely,

Renee Rassilyer-Bomers, DNP, CMSRN, RN-BC
Regional Director Clinical Education & Practice
Swedish Medical Center
Renee.Rassilyer@swedish.org
206-386-3190 office
206-228-3100 cell

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Appendix C

Evidence Table

Citation	Conceptual Framework	Design/method	Sample/Setting	Major Variable Studies and their definitions	Measurement	Data analysis	Study Findings	Level and quality
Beumer, C. M. (2008). Innovative solutions: The effect of a workshop on reducing the experience of moral distress in an intensive care unit setting. <i>Dimensions of Critical Care Nursing</i> , 27(6), 263-267. Doi: 10.1097/01.DCC.0000338871.77658	Jameton – theory of moral reckoning	Multiple workshops given over a 4-week period	25 ICU Rn's with control group of 13 supplemental RN's	The moral distress survey needs validity and reliability checked	5-point Likert scale moral distress survey	Coded questionnaires	Post workshop FU described decrease in moral distress	<i>John Hopkins evidence level and quality guide</i> L = 3 Q = A
Bong, H. E. (2019). Understanding moral distress: How to decrease turnover rates of new graduate pediatric		Literature review of 34 articles	New graduate nurses		Literature review		RN's experience moral distress with the transition from	<i>John Hopkins evidence level and quality guide</i> L = 3

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nurses. <i>Pediatric Nursing</i> , 45(3), 109-114. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&AuthType=ss&db=ccm&AN=137059027&site=ehost-live&scope=site&custid=s3818721							academia to practice	Q = A
Church, C. D., He, Z., & Yarbrough, S. (2018). Factors influencing organizational commitment and turnover in nurse residents. <i>Journal of Continuing Education in Nursing</i> , 49(10), 482-488. doi:10.3928/0022-0124-20180918-09=137059027&site=ehost-live&scope=site&custid=s3818721	Three models of turnover and model of organizational commitment antecedents	Retrospective correlational study	1,498 nurse residents	Instrumentation effects limitation due to predetermined variables			Global problem of nurse turnover Turnover rate at year 2 was 8.3% of	<i>John Hopkins evidence level and quality guide</i> L = 2 Q = A
Eckerson, C. M. (2018). The impact of nurse		Peer reviewed journal literature review	12 articles met the inclusion criteria	Low response rate and selection bias	Literature review		Improved retention with	<i>John Hopkins evidence</i>

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residency programs in the United States on improving retention and satisfaction of new nurse hires: An evidence-based literature review. <i>Nurse Education Today</i> , 71, 84-90. doi:10.1016/j.nedt.2018.09.003							resident programs implementation	<i>level and quality guide</i>
Hunter, K., & Cook, C., (2018). Role-modeling and the hidden curriculum: New graduate nurses' professional socialization. <i>Journal of Clinical Nursing</i> , 27, 3157-3170. doi:10.1111/jocn.14510		Qualitative descriptive design/semi structured interviews	Following of 5-new graduate nurses	Small sample size	Data collections through interviews	General inductive approach was selected for analysing data	New graduate nurses rely heavily on experienced nurses for direction	<i>John Hopkins evidence level and quality guide</i> L = 3 Q = A
Johnson, M., Cowin, L. S., Wilson, I., & Young, H. (2012). Professional identity and nursing:		Literature review and theoretical implications/Theoretical critique Longitudinal Studies	55-articles reviewed			Literature review	Professional identity in nurses are key to retention and satisfaction	<i>John Hopkins evidence level and quality guide</i> L = 3

MORAL COURAGE AND BEYOND

Contemporary theoretical developments and future research challenges. <i>International Nursing Review</i> , 59(4), 562-569. https://doi.org/10.1111/j.1466-7657.20122.01013.x								Q = A
LaSala, C. A. & Bjarnason, D. (2010). Creating workplace environments that support moral courage. <i>Online Journal of Issues in Nursing</i> , 15(3), 1. doi:10.3912/OJIN.Vol15No03Man04	NA	Literature review	39 peer reviewed articles reviewed		Information collected from articles	Literature review	Nurses who possess moral courage can help transform nursing	<i>John Hopkins evidence level and quality guide</i> L = 3 Q = A
Morley, G., Ives, J., Bradbury-Jones, C. & Irvine, F. (2017). What is 'moral distress'? Narrative synthesis of the literature. <i>Nursing Ethics</i> doi.org/10.1177/0	NA	Systematic literature review and narrative synthesis (November 2015-March 2016)	152 articles were reviewed and 34 were chosen for inclusion in the narrative synthesis			Ovid Medline, PsychINFO, CINAHL, EMBASE, Social Care Online and EBSCO	We suggest the combination of (1) the experience of a moral event, (2) the experience of 'psychological distress'	<i>John Hopkins evidence level and quality guide</i> L = 1 Q = B

MORAL COURAGE AND BEYOND

969733017724354						were all used	and (3) a direct causal relation between (1) and (2) together are necessary and sufficient conditions for moral distress.	
Pauly, B., Varcoe, C., & Storch, J. (2012). Framing the issues: Moral distress in health care. <i>HEC Forum</i> , 24(1), 1-11. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=ccm&AN=104566361&site=ehost-live&scope=site&custid=s3818721	Jameton, Epstein and Hamric, Webster and Baylis, Kalvemark	Research derived from a moral distress symposium	Members of symposium and exact number of participants was not found	NA	NA	Data was derived from symposium and papers to follow	Provided a beginning overview of the concept of moral distress and highlighted key issues related to conceptual and theoretical development.	<i>John Hopkins evidence level and quality guide</i>
Shirey, M. R. (2013). Strategic leadership for organizational change. lewin's theory of planned	Lewin's Theory of Planned Change	Literature review	17 articles reviewed	Lewin's theory may be too simplistic	NA	Literature review	Lewin's theory best used when change is planned	<i>John Hopkins evidence level and quality guide</i>

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change as a strategic resource. <i>Journal of Nursing Administration</i> , 4 3(2), 69-72. doi:10.1097/NNA.0b013e31827f20a9								
Ulrich, C.M., & Grady, C. (2019). Moral distress and moral strength among clinicians in health care systems: A call for research. NAM Perspectives. doi: 10.31478/201909c		Literature review	Multiple (5) articles on moral distress/moral courage	Low number of article review	Literature review	Literature review	23% of nurses reported having no ethics education and nurses being less engaged	<i>John Hopkins evidence level and quality guide</i> L = 3 Q = C
Wocial, L. & Weaver, M. (2012). Development and psychometric testing of a new tool for detecting moral distress: The moral distress thermometer. <i>Journal of Advanced Nursing</i> , 167-174. doi:10.1111/j.136	Theorists used were: Corley, Gutierrez, Fogel, Smith, Hefferman & Heilig, Epstein and Hamric	Participants simultaneously completed either the adult or pediatric version of the moral distress scale version 2009 and the MD Thermometer	529 participants from various clinical areas completed both tools.	Mean MDT values were not equal F=26; d.f. = 2 Attributed to the low response rate	The Moral Distress Thermometer (MDT) was the tool used for the study		Data were imported from the electronic survey data set into a SAS set for analysis	<i>John Hopkins evidence level and quality guide</i> L = 3 Q = A

MORAL COURAGE AND BEYOND

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Appendix D

Gap Analysis

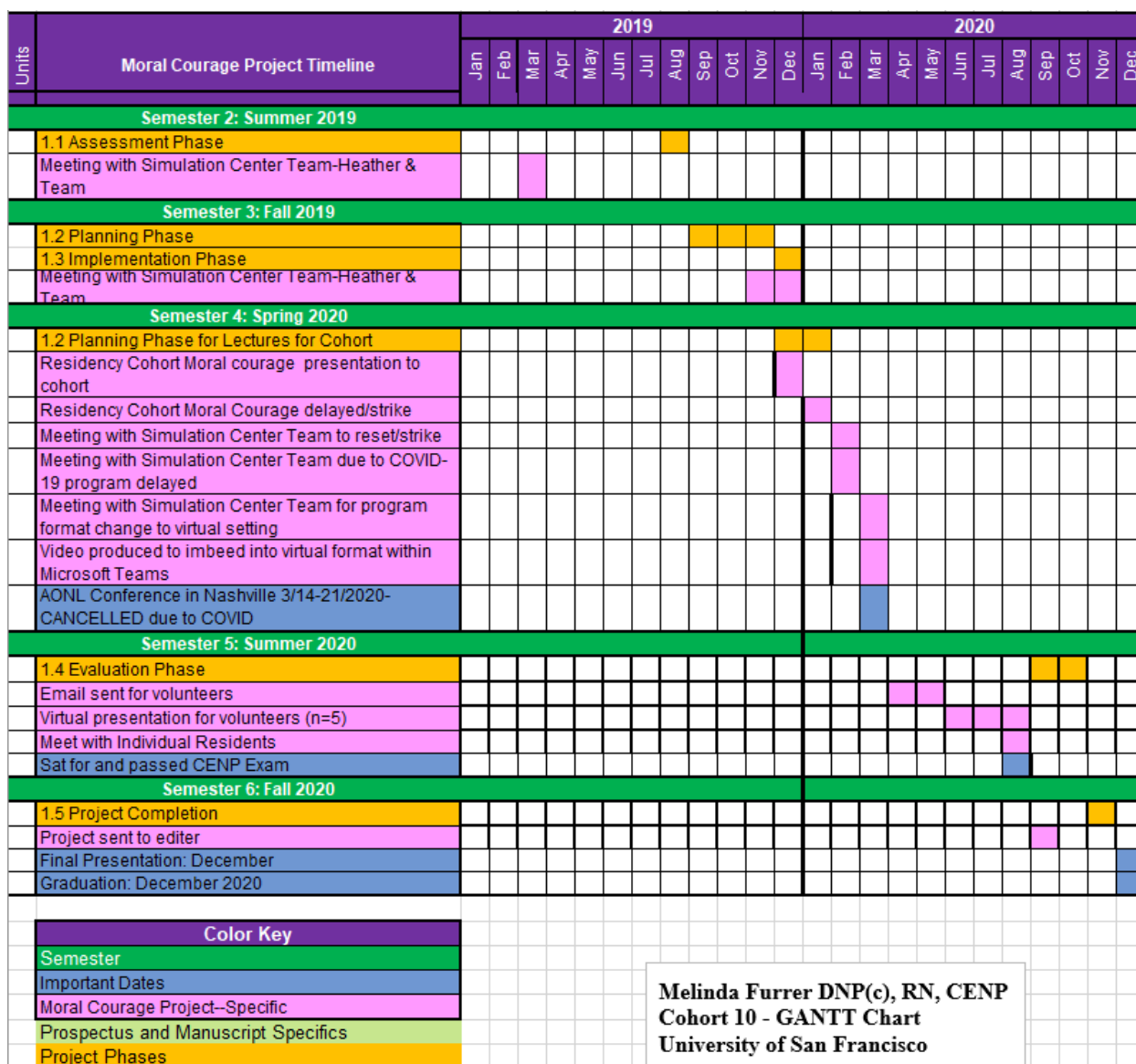
Gap Analysis for Moral Distress to Moral Courage and Beyond

Objective	Current State	Target State	Gap Identification	Gap Description	Factors	Future State
Build moral courage training into the residency program	Strong residency program with clinical skills and simulation	Provide resident with tools to build moral courage	Yes	Moral courage not specifically taught to resident nurses	Residents may not know how to deal with moral distress	Incorporate skills into the residency program to build moral courage
Improve nurse satisfaction	Moral distress is a factor in nurse dissatisfaction	Improved nurse satisfaction scores on hospital wide surveys	Yes	Increase in moral distress which is a leading factor for dissatisfaction	Residents not having the skills to cope with or identify moral distress	Program in place to help build moral courage and resiliency to clinical situations
Improve nurse retention	New graduate nurses leaving the profession after less than 2 years in practice	Improve retention over the first year if onigram implementation by 3-5%	Yes	Numerous factors leading to moral distress and the inability to gain resiliency and moral courage	Decrease in staffing needs, financial losses and loss of potential	Increase in retention rates within the entire system to help ease the nursing shortage all the while building moral courage
Improve collegial communication and actions	New graduate nurses demonstrating the ability express dissatisfaction within situations	Empower new resident nurses to express their thoughts and concerns	Yes	New graduate nurses feeling that other more experienced nurses will not listen to their concerns or feel belittled	Residents not having the self-confidence or ability to speak up	Improved collegial communication between new resident nurses and more experienced

MORAL COURAGE AND BEYOND

Appendix E

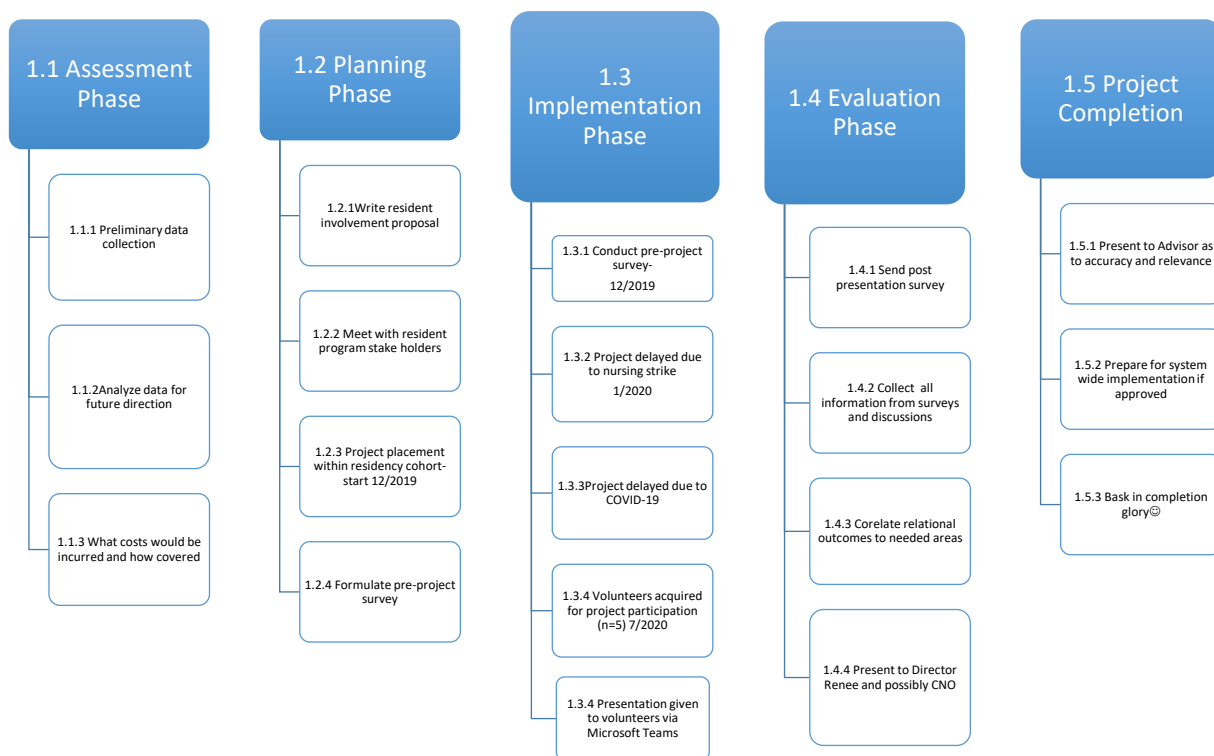
Gantt Chart



Appendix F

Work Breakdown Structure

1.0 Moral Courage Project Work Breakdown Structure



Appendix G
Responsibility/Communication Matrix

Stakeholder	Objective	Communication Method	Frequency	Owner/Responsibility
Clinical education Director	<ul style="list-style-type: none"> Describe and present program implementation for approval and feasibility Present updates of project 	Formal meeting	Monthly	ELDNP Student
Residency program manager	<ul style="list-style-type: none"> Present timetable and presentation of program and implementation possibilities. Present updates of project 	Formal meeting	Monthly and then moving to Bi-weekly	ELDNP Student
Simulation lab team	Building of interactive case format and video production	Formal meeting and email follow-up	Weekly	Simulation lab team and ELDNP
Residency project team	<ul style="list-style-type: none"> Project progress, schedules and approach to implementation Collect data Analyze data Present data/findings 	Formal meeting and email follow-up	Monthly and then moving to bi-weekly	ELDNP Student

Appendix H

SWOT Analysis for Moral Distress to Moral Courage and Beyond



MORAL COURAGE AND BEYOND

Appendix I

Budget

Project Items	Cost of Item	Total Cost	Owner/Responsible Party
RN (actor) for Video Creation (X2)	\$48 x 2 x 5 Hours	\$480.00	Clinical Education and Practice (CEP)
Simulation Technician for Video Control and Direction	\$36.98 X 5 Hours	\$184.90	CEP
Simulation Technician for Assistance with converting in-person Format to Virtual Application	\$36.98 x 4 Hours	\$146.00	CEP
Enticement at Beginning of Project	Starbuck gift card \$10.00 (X5)	\$50.00	ELDNP Student
Enticement to Complete the Project	Visa Gift Card \$250.00	\$250.00	ELDNP Student
Resident Volunteers (n=5)	Zero-Volunteer Only	Zero-Volunteer Only	
		\$1,110.90	

Assumptions:

- CEP will continue to support and cover wages for RN use for updates
- CEP will continue to support and cover wages for SIM center use
- CEP will continue to support and cover wages for SIM center staff

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Appendix J

Cost Avoidance Benefit

Projected Cost Avoidance When Using New Graduate Nurses for Patient Care Versus Experienced Nurse

Resident Nurse			Experienced Nurse			Cost Avoidance per year
Steps (per contract)	Hourly Rate (per contract as of 01/2018)	Annual Wage (2080 hrs.) Including 30% Benefits	Steps (per contract)	Hourly Rate (per contract as of 01/2018)	Annual Wage (2080 hrs.) Including 30% Benefits	Per Resident Nurse (subtracting cost of program \$1,110.90)
Step 1 (< 1 year)	\$32.31	\$87,366.24	Step 4 (year 3)	\$36.38	\$99,507.2	\$11,030.60
Step 2 (year 1)	\$33.63	\$88,189.92	Step 5 (year 4)	\$37.81	\$102,238.24	\$12,937.42
Step 3 (year 2)	\$35.03	\$89,063.52	Step 5 (year 4)	\$39.20	\$105,996.80	\$15,822.38

Projected Cost Avoidance When Using New Graduate Nurses for Patient Care Versus Experienced Nurse at

1.5 Hourly Wage/Overtime Rate

	Hourly Rate	Annual Rate Incl. 30% benefits	Number of Staff (program participants = to experienced)	Total cost for 6 (residents & back-fill RN)	
Resident	\$32.31	\$87,366.24	6	\$524,197.44	
RN Backfill (3 year of experience @ 1.5 OT)	\$54.57	\$113,505.6	6	\$681,033.60	
Cost Avoidance minus cost of program				(\$681,033.60 – \$524,197.44)	\$155,725.26

MORAL COURAGE AND BEYOND

Appendix K

Data Collection Survey on Demographics

Moral Courage Demographics

1.While in nursing school or previous job, did you hear about moral distress?

- ☐ Yes
☐ No

2.While in nursing school or previous job, did you ever hear about moral courage?

- ☐ Yes
☐ No

3.Is this the first profession nursing job for you since graduation?

- ☐ Yes
☐ No

4.As a nursing student, did you feel ignored or belittled within the clinical setting?

- ☐ Yes
☐ No

5.As a nursing student, were the staff nurses that you were assigned to within the clinical setting, kind and supportive?

- ☐ Yes
☐ No

6.As a nursing student, were the staff nurses within clinical setting, rude and condescending?

- ☐ Yes
☐ No

7.What excites you about working for Swedish?

MORAL COURAGE AND BEYOND

- ☐ Taking care of patients
- ☐ Making Money
- ☐ Making a difference in the lives of your patients and colleagues
- ☐ Simply being out of school
- ☐ Not sure--it is a job

8.How long do you plan to stay at Swedish?

- ☐ Less than 1 year
- ☐ 1 - 3 years
- ☐ 3 - 5 years
- ☐ Greater than 5 years

9.Do you see yourself going into management or a higher position in the future>

- ☐ Very Likely
- ☐ Likely
- ☐ Neither likely nor unlikely
- ☐ Unlikely

10.What makes you nervous about starting your nursing career?

11.What is your age group?

- ☐ Less than 25 years of age
- ☐ 26-30 years of age
- ☐ 31 - 40 years of age
- ☐ 41 - 50 years of age
- ☐ 51 - 60 years of age
- ☐ Greater than 61 years of age

12.What is your highest level of education

- ☐ Associate Degree

MORAL COURAGE AND BEYOND

- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate

13. How long have you been in practice as a registered nurse?

- ☐ Less than 1 year
- ☐ 1 - 3 years
- ☐ 3 - 5 years

Appendix L**Moral Courage Survey Post Intervention**

1. I feel that I have the adequate resources to help me cope with morally distressing situations:

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

2. I feel that my opinion on situations dealing with my patients are valued among my unit colleagues.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

3. When I feel the care or procedures being done are futile or inappropriate, I feel I can ask the LIP their justifications for the procedure?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

4. The care that I provide to my patients is in line with my values?

- ☐ Strongly agree
- ☐ Agree

MORAL COURAGE AND BEYOND

- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

5. If I am distressed about my job, I have someone to talk to on my unit?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

6. I have been offered or given a mentor?

- ☐ Yes
- ☐ No

7. At times I feel frustrated and angry at the care that is prescribed for my patient?

- ☐ Yes
- ☐ No

8. At times I dread coming to work for what lies ahead?

- ☐ Yes
- ☐ No

9. I am happy and proud that I have chosen nursing as my profession?

- ☐ Yes
- ☐ No

10. I am satisfied with my opportunities for professional growth within my organization?

- ☐ Strongly Agree
- ☐ Agree

MORAL COURAGE AND BEYOND

- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

11. I feel that I can speak up about difficult issues and not suffer retaliation from other staff members?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

12. Do you feel that you have good communication from your manager about pertinent situations?

- ☐ Yes
- ☐ No

13. Are you concerned about the future of the organization with the global issues that you are now facing?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

14. I feel the material presented within the presentations on moral courage was helpful to my ongoing practice

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree

MORAL COURAGE AND BEYOND



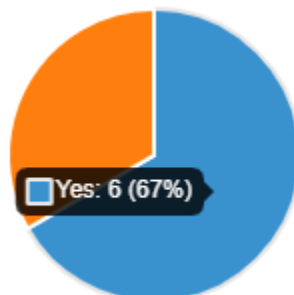
Strongly disagree

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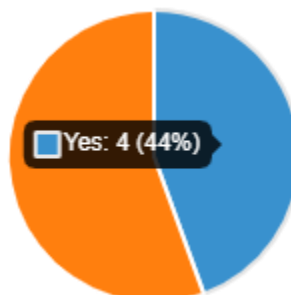
MORAL COURAGE AND BEYOND

Demographic and Informational Survey Pre-intervention (*main points*)

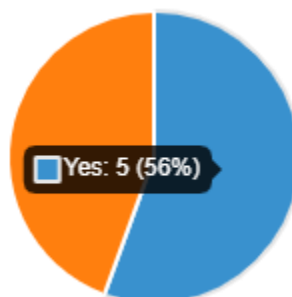
Resident responses (n=9)	Yes	No
Heard of <i>moral distress</i> in nursing school	67%	33%



Resident responses (n=9)	Yes	No
Heard of <i>moral courage</i> in nursing school	44%	56%



Resident responses (n=9)	Yes	No
As a new nurse, have you felt belittled?	56%	44%

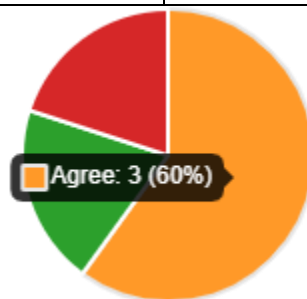


MORAL COURAGE AND BEYOND

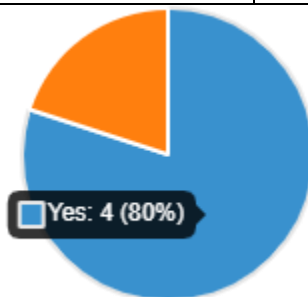
Appendix N

Moral Courage Survey Post-Intervention (*main points*)

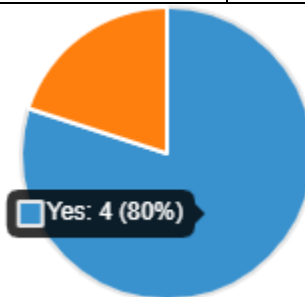
Resident Responses (n=5)	Agree	Neutral	Disagree
I feel I can ask the LIP justifications for prescribed procedures	60%	20%	20%



Resident responses (n=5)	Yes	No
At times I dread coming to work	80%	20%

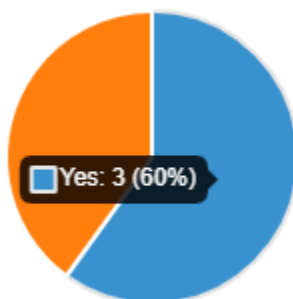


Resident responses (n=5)	Yes	No
At times I feel frustrated and angry at the care that is prescribed for my patient	80%	20%

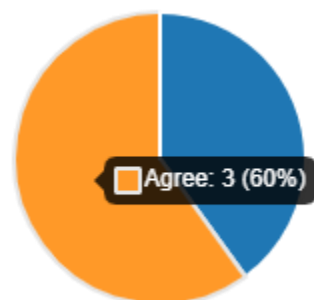


MORAL COURAGE AND BEYOND

Resident responses (n=5)	Yes	No
Do you feel there is good communication on your unit by management?	60%	40%



Resident responses (n=5)	Strongly Agree	Agree
Do you feel the material presented to you on moral courage was helpful to your ongoing practice?	40%	60%



Appendix N

MORAL COURAGE AND BEYOND

Interactive Case Study Scenarios

Educational Plan for Interactive Case Studies:

Start the session with a reminder of the purpose of this program and list the objectives. Then move onto some general discussion on experiences of miscommunication or feeling distressed with approaching colleagues while giving report or with general conversations on the unit. Review expectations of the interactive case scenario exercise. Review the following objectives:

- 1) **OBJECTIVES/PERFORMANCE EXPECTATIONS:** Participants learn about different forms of communication; participants practice different forms of communication.
- 2) **OBJECTIVES/PERFORMANCE EXPECTATIONS:** Participants use scenarios and role playing to learn ways to resolve conflicts peacefully; participants examine choices and consequences involved in settling disagreements or tension.
- 3) **OBJECTIVE/PERFORMANCE EXPECTATIONS:** Participants learn methods to help co-workers move in the same direction to help with obtaining a common goal.

Video #1 & Video #2

This video will demonstrate an interaction between two nurses. Nurse **A** is a relatively new nurse onto the unit and within their nursing practice and nurse **B** is an experienced nurse on the unit.

Setting:

RN1 coming onto unit to begin her shift. Nurse **A** has been on her own for three months and recently completed the residency program and she work the night shift and has been struggling to find a healthy work – life balance and sleep pattern.

RN2 is a 10-year veteran nurse who has been on the same unit since she joined the organization. It has been a very long day and she is excited to hear that nurse **A** will be picking up her patient as she was here last night and will know the patient.

Video #1, *nonconstructive* form of interaction at change of shift.

RN 2: Hi, I am so glad to see you back tonight as you know the patient from yesterday and report should be super quick.

RN1: Hi, it is good to have him back as he was sick, and I was worried about him.

RN 2: I am tired, I had a long day, come over here and let's sit down while I give you report.

RN 1: [distressed as she wants to go to bedside as this is protocol but also since the patient has multiple lines and drains] I would like to go to the bedside as he has so many lines and drains and I would like a visual check-in as to his status and it is the protocol.

RN 2: [rude demeanor and condescending] Protocol-smodicol, nothing has change and I am tired. It is all the same anyway. I wrote everything in the chart, you can look in there.

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RN 1: [feeling distressed and not knowing what to do as she does not want to disappoint her colleague or make her think she doesn't know what she is doing] Well, OK. [Feeling conflicted and unable to pay attention to the report and very nervous about taking over this patient]

(debrief how the residents felt and what could have been a more collegial approach)

Video #2, constructive form of interaction at change of shift.

RN 2: Hi, I am so glad to see you back tonight as you know the patient from yesterday and report should be super quick.

RN1: Hi, it is good to have him back as he was sick, and I was worried about him.

RN 2: I am tired, I had a long day, come over here and let's sit down while I give you report.

RN 1: [distressed as she wants to go to bedside as this is protocol but also since the patient has multiple lines and drains] I would like to go to the bedside as he has so many lines and drains and I would like a visual check-in as to his status and it is the protocol.

RN 2: [rude demeanor and condescending] Protocol-"smodicol", nothing has change and I am tired. It is all the same anyway. I wrote everything in the chart, you can look in there.

RN 1: [taking a deep breath] I can imagine that you had a long day, but I would like to do give me report at the bedside as it is not only protocol, it would give me a better picture of what to expect for the day.

RN 2: I understand. OK, let's go as it is in the best interest of the patient and for their safety.

(debrief with the residents as to the differences and role play practice)

Video #3 & Video #4

RN 1: veteran nurse; RN 2: new grad nurse

Setting:

RN 1 and RN 2 go into to a patient's room to give report in the morning. RN2 is off going and will be giving report to RN1 who is oncoming. They open up epic to verify the patients ID, and begin report in the usual SBAR fashion, checking order etc. as they go.

When they reach Tubes/Lines/Drains, they review the chest tube.

MORAL COURAGE AND BEYOND

Video #3, *no constructive* interaction and possibly creating a hostile work environment:

RN2: "She has a right chest tube to water seal."

RN1: [Looking at computer and looks over at chest tubes which is to water seal] "The order in the chart says it should be to -20."

Patient: [disconcerted - says nothing]

RN2: "Are you sure?"

RN1: "Yes, the order says -20, and here in the MD's rounding note says it should be to -20 as well."

Patient: "Is there something wrong?"

RN1: "Well it looks like there was a mistake in your chest tube suction."

RN2: [Embarrassed.] "It must have been an oversight."

RN1: "Pretty big oversight. Wp[e better check out their chest x-ray."

Patient: "I don't think I want you to care for me anymore."

(debrief how the residents felt and what could have been a more collegial approach)

Video #4, *constructive* communication method:

RN2: "She has a right chest tube to water seal."

RN1: [Looking at computer and looks over at chest tubes which is to water seal] "It looks like in the chart says it should be -20. Let's just pop the suction on."

RN2: [Looks embarrassed.] "Oh geez, I must have missed the order."

Patient: "Is something the matter?" [Patient appears stable, in no acute distress]

RN1: "It looks like we might have forgotten to place the suction on your chest tube overnight. Let's check on your x-ray and grab a quick set of vitals." [Places pulse ox on patient. SpO2 is 99%, HR 72]. Well it looks like your vitals are looking good, how do you feel? any SOB?

Patient: "No, no trouble breathing. Actually, I feel OK".

RN1: That's good. I will have your LIP look at the x-ray. Let's plan to keep the suction on while I contact your team and let them know that your vitals are stable, you feel good, and that the suction was off overnight."

MORAL COURAGE AND BEYOND

RN2: "I'm very sorry for the oversight and I am glad you are heading in the right direction".

(debrief with the residents as to the differences and role play practice)

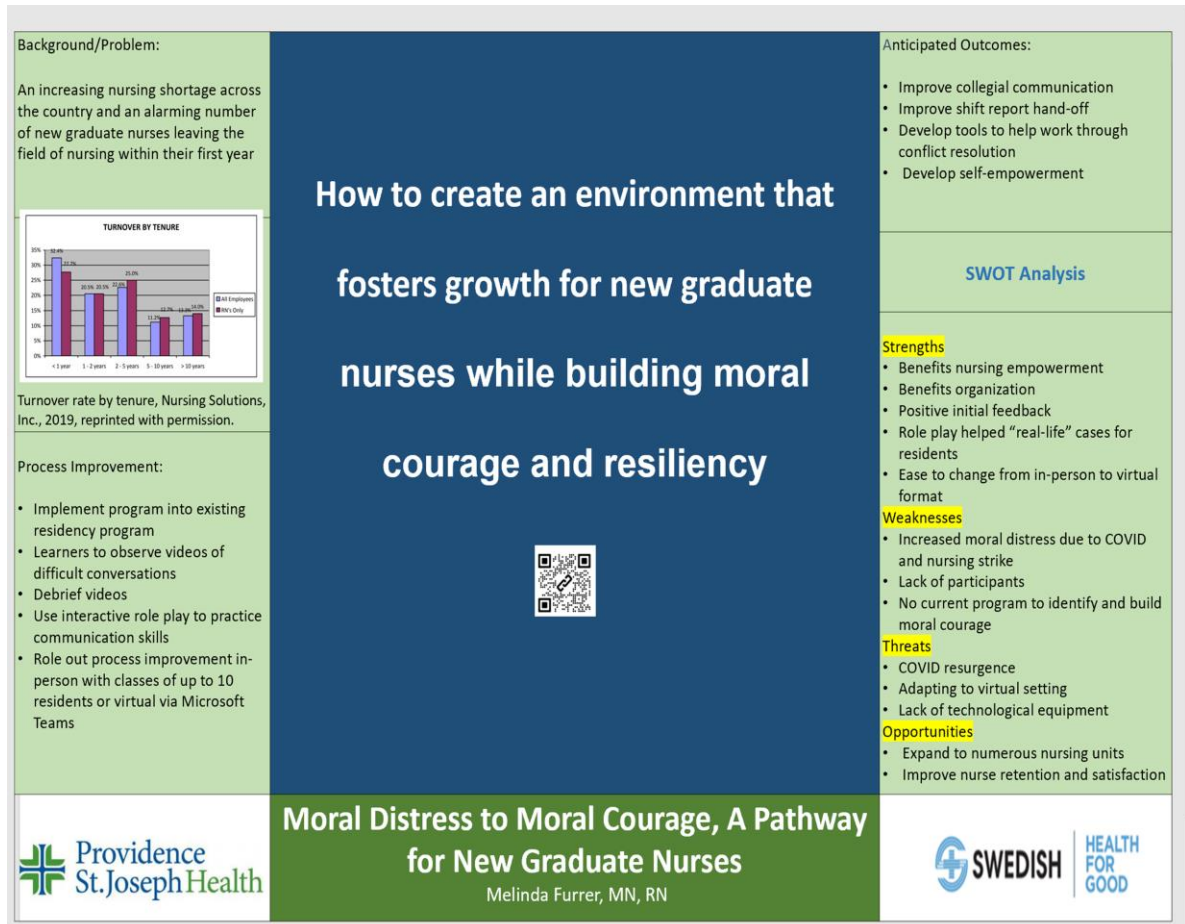
Appendix O

Swedish Professional Nursing Model



Appendix P

Moral Courage Poster Presentation for Providence St. Joseph Nursing Summit



Appendix Q

Letter of Authorization to use Swedish Medical Center's Name



To Whom It May Concern:

I have authorized Melinda ~~Furrer~~ to use the name of Swedish Medical Center within in her doctoral studies within her process improvement project for building moral courage within our existing residency program

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